CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)


April 11, 2020 (day of SRN survey launch)

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use one of the below strategies to determine when HCP may return to work in healthcare settings:

1. Test-based strategy. Exclude from work until:
   - Resolution of fever without the use of fever-reducing medications and
   - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and

2. Non-test-based strategy. Exclude from work until:
   - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
   - At least 7 days have passed since symptoms first appeared

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)

Summary of Recent Changes as of April 13, 2020

- Indicates a preference for use of the Test-based strategy to determine when HCP may return to work in healthcare settings.
- Adds return to work criteria for HCP with laboratory-confirmed COVID-19 who had not had any symptoms.
- Aligns with recommendations for universal source control for everyone in a healthcare facility during the pandemic.

CDC guidance on COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Who this is for: Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy).

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use the Test-based strategy as the preferred method for determining when HCP may return to work in healthcare settings:

1. Test-based strategy: Exclude from work until:
   - Resolution of fever without the use of fever-reducing medications and
   - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
   - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)![](https://www.cdc.gov/coronavirus/2019-ncov/professionals/healthcare-workplace/criteria-testing.html)

   If the test-based strategy cannot be used, the Non-test-based strategy may be used for determining when HCP may return to work in healthcare settings:

2. Non-test-based strategy: Exclude from work until:
   - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) and,
   - At least 7 days have passed since symptoms first appeared

HCP with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
CDC Symptoms of Coronavirus


April 14, 2020

April 17, 2020 (list updated, remains same through survey close)
Criteria to Guide Evaluation and Laboratory Testing for COVID–19

Clinicians considering testing of persons with possible COVID–19 should continue to work with their local and state health departments to coordinate testing through public health laboratories, or use COVID–19 diagnostic testing authorized by the Food and Drug Administration under an Emergency Use Authorization (EUA) through clinical laboratories. Increasing testing capacity will allow clinicians to consider COVID–19 testing for a wider group of symptomatic patients.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID–19 and whether the patient should be tested. Most patients with confirmed COVID–19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing include:

1. Patients in long-term care facilities with symptoms
2. Individuals 65 years of age and older with symptoms
3. Patients with underlying conditions with symptoms
4. First responders with symptoms

Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID–19 infections in a jurisdiction. Clinicians are strongly encouraged to test for other causes of respiratory illness.

**Priority 1**
Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system
- Hospitalized patients
- Symptomatic healthcare workers

**Priority 2**
Ensure that those who are at highest risk of complications of infection are rapidly identified and appropriately triaged
- Patients in long-term care facilities with symptoms
- Individuals 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

**Priority 3**
As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers
- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Health care workers and first responders
- Individuals with mild symptoms in communities experiencing high COVID–19 hospitalizations

**Non-Priority**
- Individuals without symptoms